Fitting a naloxone take home kit into our life to save lives

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Background

The benefits of making Naloxone more widely accessible to recovering service users, their families and peers have been under consideration for many years in the UK. The success of the Scottish take home naloxone scheme demonstrates naloxone distribution programs are practicable and can save lives. However, data from the Needle exchange surveillance initiative suggests that only 16% of individuals supplied with naloxone carry it with them [1]. This could be explained by reports of clients' hesitance to access or carry naloxone due to fear of police harassment [2]. With these challenges in mind, Turning Point wanted to explore barriers and facilitators to the supply of naloxone in England as part of an "emergency relapse pack" (ERP) that also contains information and motivation to prevent relapse.

Aims

To investigate staff and client views on the design, acceptability and effectiveness of a take home ERP containing naloxone, information on avoiding relapse and contacts for support in the event of an overdose or feared relapse.

Method

An early phase qualitative study using semi-structured interviews and focus groups was undertaken at one of Turning Point's residential detoxification and rehabilitation units. Verbatim transcripts were coded independently by two researchers. Codes were compared and refined and thematically analysed, taking an inductive experiential approach [3]. Ethical approval was received from the University of Bath and Turning Point.

Results

Three focus groups were undertaken with clients attending the detoxification or rehabilitation service for opiate and/or alcohol addiction (N=20). Two focus groups were carried out with staff (N=8, including nurses, support workers, and team lead) and a one-to-one semi-structured interview with a peer mentor. Four themes were developed in the analysis and described below. Participants are quoted verbatim, but names are replaced with pseudonyms to maintain anonymity.

Community of Naloxone carriers

Almost all clients said they would take an ERP at discharge and clients being treated for alcohol addiction were keen to support this initiative too ***"coz I've got mates that are junkies and everything like that (.) would I still be able to carry it around with me?"*** (Chuck – Client)

Individuality

Clients and staff all saw the opportunity to customise the information contained in the pack and flexibility over when the pack was introduced as cost-free way of increasing client receptivity to the ERP ***"they [clients] should be somehow observed and see exactly if they can cope with it all"*** (Nicole-Client)

Fitting it into my mind

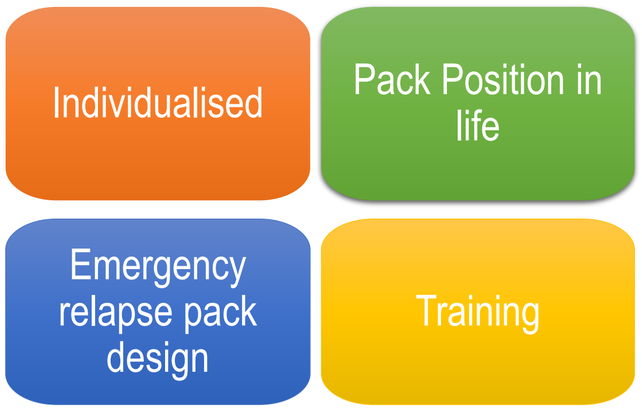
Central to the ERP success was staff awareness and client acceptance of its purpose ***"you're not gonna inject [the naloxone] yourself (.) it's more like the community [relapse] packs"*** (Janine - Staff).

Is there a need for an ERP?

Staff and clients were unsure whether an ERP was of relevance ***"My experience of drug taking is you use drugs alone"*** (Eddie – Staff Member)

Mixed Messages

Staff worried that the ERP would send the wrong message: ***"I still worry about mixed messages…I just feel like the there's a potential for a certain type of client to think you know what it is an excuse for me to go and use it'll bring me back from the brink."*** (Daisy – Staff)



Fitting it into my life

Participants considered how they could adopt the ERP into their day to day lives ***"if you were going round to a friends too then take it*** **[the ERP]** ***wiv ya"*** (Lucy – Client). Clients suggested the idea of having two ERPs **-** one for home, and one to carry.

Sub-Theme	Recommendations
Information to include	Advice lines – information on the reliable and free services
	Signs and symptoms of overdose
	Step-by-step guide (visual and written) on how to use naloxone and how to administer CPR
	Tolerance information
Physical contents	Safe injecting kit
	Gloves (BBV risks)
	Swabs to wipe blood (BBV risks)
	Mouth piece for CPR
	Spare needle for naloxone
Appearance	Small and discrete
	Child and tamper proof

Knowledge Gap

Both staff and clients felt they needed training in how to administer naloxone. Training is also needed to address confusion over similar sounding drugs (naloxone and naltrexone) and beliefs that naloxone is a benzodiazepine: ***"you're giving people benzos on the way out (…) there is a risk because it's open to abuse and that's a fact and that's the reality"*** (Dom – staff)

Logistics

Clients felt that either clinical staff or peer mentors would be appropriate to deliver naloxone training but that peer mentors may be ***"more real innit rather than just a clinical lecture"*** (Robert-Client) and group settings were preferred so clients could ***"learn off each other"*** (Sarah-Client).

Conclusions and Recommendations for Practice

This study has provided initial evidence on how Turning Point can facilitate clients adopting an ERP into their day to day lives. Tailoring the introduction of the ERP and timing of ERP training to individual client's needs, as well as encouraging clients to customise the contents of their ERPs was perceived to be key to client acceptance of the ERP. Provision of one ERP to carry and another for their home would support access to naloxone when needed. Training is required to address misconceptions and knowledge gaps along with a clearly articulated purpose for the ERP.

References

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